

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7157	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Thomas Balanoff P.O. Box, Bldg., Room No., if any Street 1156 Ridgewood Drive City Highland Park State Illinois ZIP Code +4 60035	4. Name, file number, and address of labor organization. Name SEIU Local 1 Labor Organization File Number 023-715 P.O. Box, Building and Room Number, if any 2500 Street 111 E. Wacker Drive City Chicago State Illinois ZIP Code +4 60601
5. Position in labor organization. President and Trustee of Funds	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

-15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Te Beall</i></u>	On <u>5-8-06</u> Date	<u>(312) 233-8700</u> Telephone Number

Name of Person Filing Thomas Balanoff

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank & Trust of Chicago

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One West Monroe Street

City Chicago

State Illinois ZIP Code + 4 60603

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health & Welfare & Pension Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60602

11.a. Nature of such dealing.

Custodian of Funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Member of the Board of Directors

12.b. Amount.

\$22,400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Thomas Balanoff

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Investment Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One West Monroe Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local 1 Health & Welfare & Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 2000</p> <p>Street 30 N. LaSalle Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p>11.a. Nature of such dealing.</p> <p>Holding company of Amalgamated Bank</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Member of the Board of Directors</p> <p>12.b. Amount. \$5,000</p>